

POSITION	INITIALS	ID NO.	DATE
FEE DETERMINATION	PS	66621	2/1
O.I.P.E. CLASSIFIER		59	2/4/00
FORMALITY REVIEW			
RESPONSE FORMALITY REVIEW	DM	72223	3-17-00

5/12/00

# INDEX OF CLAIMS

✓ ..... Rejected      N ..... Non-elected  
 = ..... Allowed      I ..... Interference  
 - (Through numeral)... Canceled      A ..... Appeal  
 + ..... Restricted      O ..... Objected

Claim	Date
Final	
Original	
1	5/30/02
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3	5/12/03
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Claim	Date
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BEST AVAILABLE COPY

If more than 150 claims or 10 actions  
 staple additional sheet here

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